

own RomneyCare plan, which has actually worked pretty well. They have purchasing pools just as we do in States across the country—these exchanges. But they also have something in place that is an individual mandate if somebody didn't get coverage. They want everybody in Massachusetts to be covered. But if they elected not to be covered, after 1 year or 2 years or 3 years, people just said: I am not going to get coverage. I am young, I am invincible, and I don't need health care coverage. I can't afford it—even with the tax credit they received through RomneyCare. They said: You are going to have to pay a tax or a fee if you don't get coverage, if you will not sign up. You can't just get away with it. You are going to have to pay something.

The idea was to have an escalating fee so that eventually people would say: You know, it is one thing to be fined or taxed a \$100 tax if I don't sign up for health care coverage, but how about when it is \$300, \$500, \$700, \$800 a year? So eventually people signed up.

In this country, as well, we have the exchanges, which actually were a gift from our Republican friends. I think it was a good idea then and now.

We also have the individual mandate, which is gradually ramping up so that the young invincibles, the young people who are not getting health care coverage, will get coverage. As more younger, healthier people join the purchasing pools, the idea will be that it will bring down the cost of health care coverage overall so it is not just the sick, the elderly, but it is a healthier group of people.

That is sort of where we are today. The idea of pulling the plug on the Affordable Care Act or significant parts of it because a principal component of it—and that is the purchasing pools, these exchanges—is not working as advertised would be a mistake. If it isn't perfect, make it better.

We had a chance in 2009 to negotiate a real bipartisan health care reform plan. Unfortunately, we didn't do that. We are going to have a chance again in the early part of next year with a new President and a new Congress to again take up that which is flawed, which is imperfect, and that is the Affordable Care Act, to make it better—not to get rid of it, but to make it better.

Senator ALEXANDER is a very wise and highly regarded colleague. He may have a very good idea. I just heard about it here on the fly today. But my hope is that Lamar and the rest of us who want to get things done, to do our job, will seriously take this challenge that is before us and take that original good Republican idea from 1994 on the exchanges, create purchasing pools, and make it better. We should take a look at the individual mandate that Governor Romney adopted in Massachusetts and see how that is working and look at other exchanges as well.

The long-and-short story is that when we took up the Affordable Care

Act in 2009, here is where we were as a country: We were spending 18 percent of GDP for health care costs. In Japan they spent 8 percent. We were spending 18 percent of GDP; they were spending 8 percent. They were getting better results, longer life, longevity, lower infant-mortality rates, and they covered everybody. They covered everybody in 2009.

Where were we? We were spending 18 percent of our GDP. We didn't cover—we had 40 million people going to bed at night without any health care coverage at all. One of the reasons the cost of coverage has gone pretty high right now for people in these new exchanges and purchasing pools is that a lot of the people who are signing up—not all of them, but a lot of them—haven't had health care coverage for years. They have been sick, and they have just not had access to doctors or nurses, except for going to an emergency room doctor.

This is not a time to just throw up our hands and walk away. This is a problem. This is a problem we can fix. I would say we can fix it by embracing what I call the three Cs: communicate, compromise, and collaborate. We need to embrace those when this Congress is over.

ZIKA VIRUS FUNDING

Mr. CARPER. Let me just add a P.S. on Zika funding, which was discussed here earlier today. We had a bipartisan roundtable in the Homeland Security Committee on Zika funding not long ago. Two reasons we need to resolve this funding issue are, No. 1, that we would have money to continue development of a vaccine—that is the single most important thing—and, No. 2, to provide for contraception and family planning. Those are two of the most important things for us to do as we try to avoid this endemic.

I thank my Republican friends for allowing me to speak on their time.

With that, I yield the floor.

RECOGNITION OF THE MAJORITY LEADER

The PRESIDING OFFICER (Mr. SULIVAN). The majority leader is recognized.

EXTENSION OF MORNING BUSINESS

Mr. MCCONNELL. Mr. President, I ask unanimous consent that morning business be extended until 12 noon today.

The PRESIDING OFFICER. Is there objection?

Without objection, it is so ordered.

MEASURE PLACED ON THE CALENDAR—S. 3318

Mr. MCCONNELL. Mr. President, I understand there is a bill at the desk due a second reading.

The PRESIDING OFFICER. The clerk will report the bill by title for the second time.

The senior assistant legislative clerk read as follows:

A bill (S. 3318) to amend the Consumer Financial Protection Act of 2010 to subject the Bureau of Consumer Financial Protection to the regular appropriations process, and for other purposes.

Mr. MCCONNELL. In order to place the bill on the calendar under the provisions of rule XIV, I object to further proceedings.

The PRESIDING OFFICER. Objection having been heard, the bill will be placed on the calendar.

OBAMACARE

Mr. MCCONNELL. Mr. President, let me start by stating the obvious: ObamaCare is a direct attack on the middle class. Premiums are shooting up by double digits, copays are spiking, and deductibles are skyrocketing. Co-ops are collapsing and insurers are withdrawing.

We all know the statistics, and they are literally shocking. Yet they still do not truly capture the toll this partisan law is taking on America's middle class, because behind every premium increase headline is a family budget stretched to its limits, and beyond every co-op collapse is an agonizing uncertainty about where a family will find insurance. This is what too often gets lost in the debate over ObamaCare, especially amongst our Democratic friends, perhaps because it helps them rationalize away the pain of this law. But this is not some theoretical discussion; these are people's lives this law is hurting.

That is why I shared the story of a mom in Louisville who said her family's health care costs would consume nearly a fifth of their budget this year. "I wish somebody would explain to us," she wrote, "how a hard working middle class family paying this much for health insurance became a loser under Obamacare."

That is why I shared the story of the Campbellsburg man who had just lost the health insurance he had had for many years. "Instead of something affordable," he wrote, "I [now] face the possibility of struggling to purchase an Obama[care] health plan that costs two to three times what I had been paying."

That is why I shared the story of a small business man in Lexington who may have to end his decades-long practice of providing insurance to his employees at no cost thanks to, as he wrote, "the cynically named Affordable Care Act."

I shared stories from other States too. There is the New Jersey man with chronic health issues who lost access to his doctor the moment ObamaCare placed him on Medicaid. "You have a card saying you have health insurance," he said, "but if no doctors take it, it's almost like having one of those